CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

(512)463-5800

The C/OH INSTRUCTION this form.	n Guide explains how	to complete	1 ACCOUNT# (Ethics Commi	ssion filers)	2 Total pages file	ed:	
3 CANDIDATE / OFFICEHOLDER	TITLE Mr.	FIRST Carrol1		W.	OFFICE	USE ONLY	
NAME	NICKNAME	LAST Schubert		SUFFIX	Date Received		
CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / S P.O. Box 460455		nio, TX 7		Date Hand-delivered	or Date Postmarked	
Change of Address							
CAMPAIGN	TITLE	FIRST		MI			
TREASURER NAME	Mrs.	Allison		L.	Receipt #	Amount	
	NICKNAME	LAST Greer		SUFFIX	Date Processed		
					Date Imaged		
G CAMPAIGN TREASURER ADDRESS (Residence or business)	street ADDRESS (NO PO BOX			STATE; 78248	ZIP CODE		
CAMPAIGN TREASURER PHONE	AREA CODE PHON (210) 493-34	E NUMBER	EXTE	ISION			
3 REPORT TYPE	January 15	30th day before election		ff eded \$500 limit	15th day after of appointment (o		
PERIOD COVERED	Month Day Year 04 / 25 /03	THRC		Month Day 06 /30	Year 03		
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TY		F	General	Special	
11 OFFICE	OFFICE HELD (if any) City Council Di	strict 9	12 OFFI	CE SOUGHT (if knov	vn)		
IS NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditu Candidates are required to dis Name	res are campaign exp close this information	enditures made by ot only if they receive n	hers without the ca otification of the dir	ndidate's prior consent ect campaign expendit	or approval.	<u> </u>
additional pages	Address / PO Box; Apt. / Suite	#; City: State;	Zip Code				1 0 2 2 X
		GO ТО	PAGE 2			2: 02	CNIC

FORM C/OH COVER SHEET PG 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME	Commoli II (15 ACCOUNT #(Ethics Commission filers)
	Carroll W.	Schubert	
16 NOTICE FROM POLITICAL	may have been mad	tice of political expenditures by political committees to support the candid e without the candidate's or officeholder's knowledge or consent. Candidat if they receive notice of such expenditures. ••	ate / officeholder. These expenditures es and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	cult TIO3
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	=
additional pages			- < <u>\$</u>
		COMMITTEE CAMPAIGN TREASURER ADDRESS	PM12:
17 NO REPORTABL ACTIVITY	E Check here if	no reportable activity occurred during this reporting period. (Sign affidavit bel	ow and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,465.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZI	\$
	4. TOTA	POLITICAL EXPENDITURES	\$ 6,983.08
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH DAY OF THE REPORTING PERIOD	\$
19 AFFIDAVIT			
			perjury, that the accompanying report information required to be reported by
	Nicole A. Mora Notary Public State of Texas My Commission Expi APRIL 22, 2000	es Canul W.	Amhan idate of Officeholder
AFFIX NOTARY STA		y the said CMYOU W. Schuber	11th
Sworn to and subso		y the said WYVV W W With Said With S	this the <u>II</u> day
	Ma	110 1. 1. 1. 1.	Notary
Signature of officer	administering oath	Printed name of officer administering oath	tle of officer administering oath

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	S շորց ի	" 14 PM12: 0	SCHEDULE A
	guide explains how to coplete this form.		Total pages Schedule A1	
				Page 1 of 7
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics con	mmission filers)
Date 4/29/03	Full name of contributor		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optor	al)	
Date 4/28/03	Full name of contributor		Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Optor	nal)	
Date 4/28/03	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Opto	nal)	
Date 4/28/03	Full name of contributor		Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occ	upation (Optional)	Employer (Opto	nal)	
Date 4/29/03	Full name of contributor)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable
Principal occ	eupation (Optional)	Employer (Opto	nal)	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SAN ANTON 100 463-5800 1-800-325-8506 Austin, Texas 78711-2010 P.O. Box 12070 Texas Ethics Commission POLITICAL CONTRIBUTIONS SCHEDULE A1 OTHER THAN PLEDGES OR LOANS 2003 111 114 PM 12: 02 Total pages Schedule A1: The Instruction guide explains how to coplete this form. Page 2 of 7 ACCOUNT # (Ethics commission filers) FILER NAME Carroll W. Schubert In-kind contribution Full name of contributor out-of-state PAC (ID#: Amount of Date description (if applicable) contribution (\$) 4/29/03 Ruben Escobedo \$100.00 Contributor address: Zip Code City; State: 745 E. Mulberry #777 San Antonio, TX 78212 Employer (Optonal) Principal occupation (Optional) In-kind contribution Amount of out-of-state PAC (ID#: Date Full name of contributor description (if applicable) contribution (\$) 4/29/03 **GSABA PAC** \$1,000.00 Contributor address; City; Zip Code 4204 Gardendale #312 San Antonio, TX 78229 Principal occupation (Optional) Employer (Optonal) In-kind contribution Amount of Full name of contributor out-of-state PAC (ID#: Date description (if applicable) contribution (\$) 4/28/03 Ball & Weed \$250.00 Contributor address; Zip Code 745 E. Mulberry #500 San Antonio, TX 78212 Employer (Optonal) Principal occupation (Optional) Amount of contribution (\$) In-kind contribution out-of-state PAC (ID#: Date Full name of contributor description (if applicable) 4/29/03 Soules & Wallace \$500.00 State; Zip Code Contributor address; City; 100 Houston St. #1500 San Antonio, TX 78205 Employer (Optonal) Principal occupation (Optional) In-kind contribution description (if applicable) out-of-state PAC (ID#: Amount of Full name of contributor Date contribution (\$) 4/29/03 USAA Group PAC \$500.00 Contributor address; State; Zip Code USAA Building OP-1-E San Antonio, TX 78288 Employer (Optonal) Principal occupation (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction	guide explains how to coplete this form.		Total pages Schedule A1	Page 3 of 7
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics cor	nmission filers)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/29/03	David Spencer		\$1,000.00	
	Contributor address; City; State; Zip Code			
	26610 Harmony Hills San Antonio, TX 78258		ĺ	
Principal occu	upation (Optional)	Employer (Opton	al)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/29/03	G. W. Worth		\$1,000.00	
	Contributor address; City; State; Zip Code		1	
	6929 Camp Bullis Road San Antonio, TX 78256			
Principal occ	upation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/25/03	Brenda Johnson		\$900.00	
	Contributor address; City; State; Zip Code		,	
	13055 Hunters Circle N San Antonio, TX 78230			
Principal occ	cupation (Optional)	Employer (Optor	nal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/29/03	Ken Vickrey		\$500.00	Goognamen (in approximation)
	Contributor address; City; State; Zip Code		V 000.00	
	12940 Country Parkway San Antonio, TX 78216			
Principal occ	cupation (Optional)	Employer (Opto	nal)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/28/03	John German		\$75.00	
	Contributor address; City; State; Zip Code		ψ. 5.55	
	2115 Encino Cliff San Antonio, TX 78258			
Principal oc	cupation (Optional)	Employer (Opto	nal)	
	ATTACH ADDITIONAL COPIES OF			

POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction g	guide explains how to coplete this form.		Total pages Schedule A1	Page 4 of 7
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	mmission filers)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/28/03	Ernest Maestas		\$40.00	
	Contributor address; City; State; Zip Code			
	5923 Oak Country Way San Antonio, TX 78247			
Principal occup	pation (Optional)	Employer (Optor	al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1/03	Pam Bain		\$70.00	doodingson (ii approach)
	Contributor address; City; State; Zip Code		,	
	1026 Country Parkway S San Antonio, TX 78216	3		
Principal occup	pation (Optional)	Employer (Optor	nal)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/28/03	Jesse Covarrubias		\$100.00	
	Contributor address; City; State; Zip Code			
	204 Shalimar San Antonio, TX 78213			
Principal occu	pation (Optional)	Employer (Opto	nal)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/29/03	Don Durden		\$150.00	
	Contributor address; City; State; Zip Code			
	411 FM 473 Comfort, TX 78013			
Principal occu	upation (Optional)	Employer (Opto	nal)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable
4/28/03	Brenda Johnson		\$100.00]
	Contributor address; City; State; Zip Code			1
	13055 Hunters Circle N San Antonio, TX 78230			
Principal occu	upation (Optional)	Employer (Opto	onal)	
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Texas Ethics Commission P.O. Box 12070 Austin, Texas 787 172970F SAN ANTONIO (512) 463-5800 1-800-325-8506 ... uu 11. PM 12: 02

The Instruction	guide explains how to coplete this form.		Total pages Schedule A1	
				Page 5 of 7
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics cor	mmission filers)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/29/03	Chester Drash		\$500.00	
	Contributor address; City; State; Zip Code			
	15322 Pebble Dew San Antonio, TX 78232			
Principal occu	upation (Optional)	Employer (Optona	al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/29/03	Malcolm Hartman		\$500.00	. ,
	Contributor address; City; State; Zip Code		,	
	1250 NE Loop 410 Suite 210-A San Antonio, TX	78209		
Principal occ	upation (Optional)	Employer (Optona	al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/28/03	Consulting Engineers Council of Texas		\$180.00	,
	Contributor address; City; State; Zip Code		*********	
	P.O. Box 10407 San Antonio, TX 78210			
Principal occ	upation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/7/03	Michael Hu		\$250.00	
	Contributor address; City; State; Zip Code		,	1
	P.O. Box 681345 San Antonio, TX 78268			<u> </u>
Principal occ	cupation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1/03	Bill Latham		\$250.00	South Prior (in approache)
	Contributor address; City; State; Zip Code		\$250.00	
	19907 Messina San Antonio, TX 78258			
Principal occ	cupation (Optional)	Employer (Optor	nal)	
	ATTACH ADDITIONAL COPIES OF			

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Austin, Texas 7871 C1770 OF SAN ANTONIO 2) 463-5800 1-800-325-8506

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SCHEDULE A1

The Instruction	guide explains how to coplete this form.		Total pages Schedule A1	Page 6 of 7	
				rage 0 01 7	
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics col	JNT # (Ethics commission filers)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable	
5/9/03	James Fisher, III		\$1,000.00		
	Contributor address; City; State; Zip Code		<u> </u>		
	3813 Mockingbird Dallas, TX 75205				
Principal occu	ipation (Optional)	Employer (Opton	al)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution description (if applicable	
5/6/03	Charles Davidson		contribution (\$) \$100.00	description (if applicable	
	Contributor address; City; State; Zip Code		Ψ100.00		
	708 Canterbury Hill San Antonio, TX 78209				
Principal occu	upation (Optional)	Employer (Opton	al)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable	
5/21/03	Green Industry Alliance		\$100.00		
	Contributor address; City; State; Zip Code		Ψ.00.00		
	919 N. Coker Loop San Antonio, TX 78216				
Principal occ	upation (Optional)	Employer (Optor	nal)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicabl	
5/14/03	Joe Haynes		\$500.00		
	Contributor address; City; State; Zip Code				
	P.O. Box 12365 San Antonio, TX 78213				
Principal occ	upation (Optional)	Employer (Opto	nal)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicab	
4/30/03	Marshall Clegg	ļ	\$100.00		
	Contributor address; City; State; Zip Code				
	2306 Woodmen San Antonio, TX 78209			!	
Principal occ	supation (Optional)	Employer (Opto	nal)		
	ATTACH ADDITIONAL COPIES OF				

POLITICAL CONTRIBUTIONS

The Instruction (guide explains how to coplete this form.		Total pages Schedule A1:	Page 7 of 7
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics con	nmission filers)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Charles Keller		\$50.00	
	Contributor address; City; State; Zip Code			
	2330 N. 14th Street #303 Arlington, VA 22201			
Principal occu	pation (Optional)	Employer (Op	tonal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	USAA Group PAC		\$500.00	Goddinphon (ii approacts)
	Contributor address; City; State; Zip Code			
	USAA Building #OP-1-E San Antonio, TX 78288		1	
Principal occu	pation (Optional)	Employer (Op	otonal)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/18/03	Robert Worth		\$500.00	
	Contributor address; City; State; Zip Code			
	217 College Blvd. San Antonio, TX 78209			
Principal occu	upation (Optional)	Employer (O	ptonal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Code			
	,			
Principal occi	upation (Optional)	Employer (O	ptonal)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable
				[
	Contributor address; City; State; Zip Code			
Principal occ	upation (Optional)	Employer (C	ptonal)	I

POLI	TICAL EXPENDITURES	as 78711-2070 RECE CITY OF SA CITY O	SLERK SCH	EDULE F
		2003 JUL 14	tal page 12 dags	
The Instruction	n guide explains how to coplete this form.			Page 1 of 3
FILER NAM	Е	A	CCOUNT # (Ethics commission	filers)
	Carroll W. Schubert			
Date	Payee name			Amount (\$)
4/29/03	Reggiano's	Reggiano's		
	Payee address; City; State; Zip Code			
	18740 Stone Oak Pkwy San Antonio, TX	78258		
urpose of payment (quired.)	See instructions regarding type of information	**Complete if direct expendit Candidate / Officeholder name	ure to benefit C/OH ** Office sought	Office held
	Deposit for Election Party			
[′] Date	Payee name			Amount (\$)
4/30/03	Office Depot			\$63.81
	Payee address; City; State; Zip Code			
	13484 San Pedro San Antonio, TX 78216			
urpose of payment (See instructions regarding type of information	**Complete if direct expendi Candidate / Officeholder name	ture to benefit C/OH ** Office sought	Office held
	Supplies			
Date	Payee name			Amount (\$)
4/30/03	Kinko's			\$12.95
	Payee address; City; State; Zip Code			
	13420 San Pedro San Antonio, TX 78216	3		
Purpose of payment equired.)	(See instructions regarding type of information	**Complete if direct expend Candidate / Officeholder name	iture to benefit C/OH ** Office sought	Office hel
'	Copies			
Date	Payee name			Amount (\$)
5/1/03	Allison Greer			\$1,000.00
	Payee address; City; State; Zip Code			
	1723 Typhoon San Antonio, TX 78248			
Purpose of payment required.)	(See instructions regarding type of information	**Complete if direct expend Candidate / Officeholder name	liture to benefit C/OH ** Office sought	Office he
очинос.	Contract Labor			

thics Commission	P.O. Box 12070	Austin, Texas 78711-2070	RECEIVED463-58	00 1-800-325-8506
POLITICAL	EXPENDIT	JRES	RECEIVED 463-58 CITY OF SAN ANTONIO CITY CLERK S	CHEDULE F

i ne instructio	n guide explains how to coplete this form.	ZUL3 JUTctal pages Spiritud	Page 2 of 3
FILER NAM	IE	ACCOUNT # (Ethics	commission filers)
	Carroll W. Schubert		
Date	Payee name		Amount (\$)
5/1/03	Easy Drive Stakes		\$55.02
	Payee address; City; State; Zip Code 902 Ruiz Street San Antonio, TX 78244		
urpose of payment (equired.)	See instructions regarding type of information	**Complete if direct expenditure to benefit C/OF Candidate / Officeholder name Offic	1 ** ce sought Office held
	Stakes		
Date	Payee name		Amount (\$)
5/3/03	Allison Greer		\$1,015.18
	Payee address; City; State; Zip Code	3	
	1723 Typhoon San Antonio, TX 78248		
Purpose of payment equired.)	(See instructions regarding type of information	**Complete if direct expenditure to benefit C/Ol Candidate / Officeholder name Offi	d •• Office held
	Reimburse/Phone & Postage		
	!		
Date	Payee name		Amount (\$)
Date 5/3/03	Payee name Reggiano's		
		e	(\$)
	Reggiano's		(\$)
5/3/03	Reggiano's Payee address; City; State; Zip Cod	78258 **Complete if direct expenditure to benefit C/O	(\$) \$908.00
5/3/03 Purpose of payment	Reggiano's Payee address; City: State; Zip Cod 18710 Stone Oak Pkwy San Antonio, TX	78258 **Complete if direct expenditure to benefit C/O	(\$) \$908.00
5/3/03 Purpose of payment	Reggiano's Payee address; City; State; Zip Cod 18710 Stone Oak Pkwy San Antonio, TX (See instructions regarding type of information	78258 **Complete if direct expenditure to benefit C/O	(\$) \$908.00
5/3/03 Purpose of payment equired.)	Reggiano's Payee address; City; State; Zip Cod 18710 Stone Oak Pkwy San Antonio, TX (See instructions regarding type of information Election Watch Party	78258 **Complete if direct expenditure to benefit C/O	(\$) \$908.00 H ** ice sought Office hel
5/3/03 Purpose of payment required.)	Reggiano's Payee address; City; State; Zip Cod 18710 Stone Oak Pkwy San Antonio, TX (See instructions regarding type of information Election Watch Party Payee name	**Complete if direct expenditure to benefit C/O Candidate / Officeholder name Off	H** ice sought Office hel
5/3/03 Purpose of payment required.)	Reggiano's Payee address; City; State; Zip Cod 18710 Stone Oak Pkwy San Antonio, TX (See instructions regarding type of information Election Watch Party Payee name Election Support Services	**Complete if direct expenditure to benefit C/O Candidate / Officeholder name Off	H** ice sought Office hel
5/3/03 Purpose of payment required.) Date 5/15/03	Reggiano's Payee address; City: State; Zip Cod 18710 Stone Oak Pkwy San Antonio, TX (See instructions regarding type of information Election Watch Party Payee name Election Support Services Payee address; City; State; Zip Cod	**Complete if direct expenditure to benefit C/O Candidate / Officeholder name Off Description: Officeholder name Offic	(\$) \$908.00 H ** ice sought Office hel Amount (\$) \$2,505.07

POLI	ITICAL EXPENDITURES	CITY CITY CL		SCHEDULE F
The Instructio	n guide explains how to coplete this form.	2003 JUL 14	Total pages Schedu	le F: Page 3 of 3
FILER NAM	Carroll W. Schubert		ACCOUNT # (Ethic	es commission filers)
				Amount
Date 5/21/03	Payee name Allison Greer			(\$)
0/21/00	Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248			\$1,000.00
Purpose of payment required.)	(See instructions regarding type of information Contract Labor	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/C name Of	H ** ice sought Office held
Date	Payee name			Amount (\$)
6/10/03	Texas Wildlife Association			\$225.00
	Payee address; City; State; Zip Code 401 Isom Road #237 San Antonio, TX 78			
Purpose of payment required.)	(See instructions regarding type of information Conference Registration Fee	**Complete if direc Candidate / Officeholder	ct expenditure to benefit C/C name Of	OH ** Office sought Office held
Date	Payee name			Amount (\$)
6/1/03	Allison Greer			\$98.05
	Payee address; City; State; Zip Cod	le		
	1723 Typhoon San Antonio, TX 78248			
Purpose of payment required.)	t (See instructions regarding type of information	**Complete if dire Candidate / Officeholde	ct expenditure to benefit C/N	DH ** ffice sought Office held
	Reimbursement/Phone			
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Coo	de		
	. 9.			
Purpose of paymen required.)	at (See instructions regarding type of information	**Complete if dire Candidate / Officeholde	ect expenditure to benefit C/ r name C	OH ** Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS FORM	AS NEEDED	